

APPLICATION FOR TENNESSEE TEACHING LICENSE

For Applicants completing programs outside of Tennessee

PART I PERSONAL DATA

If you hold or have held a Tennessee Teacher License, please indicate Reference Number _____

Last Name		First Name		Middle/Maiden	
Social Security Number	Email Address	Telephone Number	Date of Birth	* Race	* Sex
Street/P.O. Box		City	State	Zip Code	

*Optional-Statistical information only

____ Name/Address Change

(provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change.)

PLEASE READ CAREFULLY BEFORE SIGNING

Answer the following questions if you have **NEVER** held a Tennessee Teacher License or Permit:

1. Have you ever been convicted of a felony (including a conviction or plea of nolo contendere)? _____ YES _____ NO
2. Have you ever been convicted of the illegal possession of drugs and/or narcotics? _____ YES _____ NO
3. Have you ever falsified or altered documentation required for licensure? _____ YES _____ NO

Signature _____ Date _____

Answer the following questions if you have **EVER** held a Tennessee Teacher License or Permit (since the Tennessee License or Permit was last issued or renewed):

1. Have you been convicted of a felony (including a conviction or plea of nolo contendere)? _____ YES _____ NO
2. Have you been convicted of the illegal possession of drugs and/or narcotics? _____ YES _____ NO
3. Have you falsified or altered documentation required for licensure? _____ YES _____ NO

Signature _____ Date _____

ARE YOU A VETERAN?

_____ YES (See important information regarding Troops to Teachers program available @ www.proudtoserveagain.com) _____ NO

PART II PRAXIS TESTING DATA

Tests are required unless exemption applies. (See instructions for Part II.)

Check one of the following:

- _____ Copy of full license issued prior to July 1, 1984 is enclosed
_____ Copy(ies) of **full, valid** license(s) enclosed.
_____ Designated Institution Score Report submitted by college/university
_____ Praxis scores sent directly from ETS

PART III EXPERIENCE VERIFICATION

Teaching experience, if any, accrued outside Tennessee must be documented. (Please use enclosed experience verification form)

_____ Experience verification is attached _____ No verified teaching experience

(see reverse side for additional instructions)

APPLICATION FOR TENNESSEE TEACHING LICENSE

APPLICANT NAME _____ SOCIAL SECURITY NUMBER _____

PART IV TEACHER EDUCATION INSTITUTION AND TRANSCRIPTS

Official transcripts are required for licensure purposes.

_____ Official transcripts from all institutions are enclosed. *See instructions for Part IV.*

THIS PORTION MUST BE COMPLETED BY THE CERTIFICATION OFFICER OR DEAN OF EDUCATION WHERE YOU COMPLETED AN APPROVED TEACHER EDUCATION PROGRAM.

Note-This may not be required in all cases. *(See instructions for Part IV.)*

I certify that, to the best of my knowledge, the above stated individual is at least 18 years of age and possesses good moral character. I certify that the applicant has completed our state approved and regionally accredited teacher preparation program in the following area(s):

PROGRAM(S) COMPLETED	INITIAL	ADD-ON	PROGRAM(S)GRADE LEVEL (S)		
	(must select one)				

State approved program _____ State _____ Regional Accrediting Agency _____ Name _____

Degree & Major _____ Date Degree Conferred _____

Recommending College/University _____

Title of Authorized Official _____

Signature of Authorized Official _____ Date _____

Telephone Number _____ Email Address _____

Incomplete applications will be returned to you. Mail completed packets to:

Tennessee Department of Education
Office of Teacher Licensing
4th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0377
Telephone (615) 532-4885

TENNESSEE DEPARTMENT OF EDUCATION

Office of Teacher Licensing
 5th Floor, Andrew Johnson Tower
 710 James Robertson Parkway
 Nashville, Tennessee 37243-0377
 Telephone (615) 532-4885

THIS FORM IS TO BE USED ONLY IF THE APPLICANT WAS ISSUED A FULL TEACHING CREDENTIAL PRIOR TO JULY 1, 1984 AND CANNOT PROVIDE A COPY OF THAT LICENSE.

TO BE COMPLETED BY APPLICANT

Last Name		First Name		Middle/Maiden	
Street/P.O. Box			Date of Birth		Social Security Number
City		State	Zip Code		*Race * Sex

*Optional Statistical Information Only

TO BE COMPLETED BY STATE DEPARTMENT OF EDUCATION:**PLEASE COMPLETE AND RETURN TO THE ABOVE NAMED INDIVIDUAL.**

Type Full License/Certificate Held	Endorsement Code(s)	Original Date of Issue	Date of Expiration

Has the License or Certificate been revoked or suspended?

_____ Yes

_____ No

State in which Licensure/Certification awarded

License/Certificate Reference Number

Signature of State Department of Education Official		Title	Date
E-Mail Address	Telephone Number		

**TENNESSEE DEPARTMENT OF EDUCATION
OFFICE OF TEACHER LICENSING
EXPERIENCE VERIFICATION FORM**

This form does not need to be completed for experience which has been accrued at a Tennessee Public School, unless experience is for the current school year. Use this form in reporting non-public school teaching experience accrued in Tennessee, public and non-public school teaching experience accrued outside of Tennessee, and administrative or teaching experience in approved colleges and universities.

IMPORTANT: Please keep a copy of this form. You will need to give a copy to your superintendent/director of schools when are employed in Tennessee

Name	Social Security Number	Teacher Reference Number
School System	State	School System's Telephone Number

EXPERIENCE RECORD (Please list experience yearly beginning with July 1 and ending June 30.)

Name of School	Position and Grade Level	School Year		Time Served		Full Time or Indicate % Part Time
		Start Date Mo/Day/Yr	End Date Mo/Day/Yr	Month(s)	Day(s)	

The above school system or college was fully approved or accredited by the _____
_____ at the time service was performed.
(State Department of Education or Assoc. of Colleges & Schools)

☐ Public School
 ☐ U.S. Govt. School
 ☐ Private School
☐ Full Time Member of College or University Faculty

I hereby certify that the above listed experience is a true and correct copy of the records on file for the teacher named above. ***(This form must be signed by an official from the school system central office.)***

Signature _____ Title _____ Date _____

Address _____

Street/P.O. Box
City
State
Zip Code

Email Address	Telephone Number
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